

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Magdalena Méndez Méndez

Participant's Address: HC-01 Box 5382 Moca, Puerto Rico 00676

Participant's Email Address: mendez\_magdalena\_42@gmail.com

Name of Counsel: -

Address of Counsel: -

Email Address of Counsel: -

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS

Nature of Claim: Employees Retirement System ERSE

By: Magdalena Méndez Méndez

Signature

Magdalena Méndez Méndez

Print Name

RECEIVED & FILED  
SEP 23 PM 3:13  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

Title (if Participant is not an individual)

14/Sept/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Magdalena Mendez Mendez

Participant's Address:

Hc-01 Box 5382 Yeca, PR 00676

Participant's Email Address:

mendezmagdalena42@gmail.com

Name of Counsel:

-

Address of Counsel:

-

Email Address of Counsel:

-

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Ex. No. 17 BK 3283-LTS

Nature of Claim:

Employees Retirement System ERS

By:

Magdalena Mendez Mendez

Signature

Magdalena Mendez Mendez

Print Name

RECEIVED & FILED  
SEP 23 PM 3:12  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

Title (if Participant is not an individual)

12 /sept /2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Magdalena Mendez Mendez

Participant's Address: H.C.-01 Box 5382 Moca, PR. 00676

Participant's Email Address: mendez.magdalena.42@gmail.com

Name of Counsel: -

Address of Counsel: -

Email Address of Counsel: -

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17 BK 3283-LTS

Nature of Claim: Employees Retirement System "ERS"

By: Magdalena Mendez

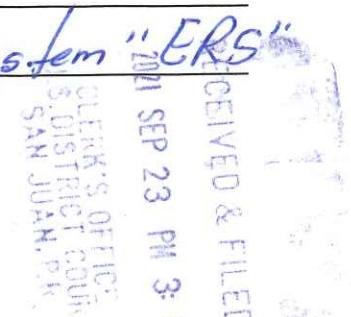
Signature

Print Name

Title (if Participant is not an individual)

10/Sept/2021

Date



**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Magdalena M'ndez M'ndez  
HC-01 Box 5382 Hoca, Puerto Rico 00670  
mendez\_magdalena42@gmail.com

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No. 17 BK 3283 -L TS

Nature of Claim:

Employees Retirement System "ERS"

By:

Magdalena M'ndez M'ndez

Signature

Magdalena M'ndez M'ndez

Print Name

Title (if Participant is not an individual)

9 de Sept. de 2021

Date

RECEIVED & FILED

2021 SEP 23 PM 3:13

CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

7012 1010 0000 4994 7159



**CERTIFIED MAIL<sup>®</sup>**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



~~RECEIVED  
U.S. DISTRICT COURT  
NEW YORK~~  
United States Department of  
Clerk's Office  
150 Ave. Carlos Chávez  
San Juan PR 00918-1765

卷之三

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ramon M. Roman Mendez

Participant's Address: P.O. Box 2,58 San Juan Puerto Rico 00702

Participant's Email Address: mantia1969pr@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: Ramon M. Roman Mendez

Signature

Ramon M. Roman Mendez

Print Name

Title (if Participant is not an individual)

9-21-2021

Date

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RECEIVED & FILED  
2021 SEP 23 PM 3:13  
CLERK'S OFFICE  
U.S.DISTRICT COURT  
SAN JUAN, PR

Ramon M. Roman  
PO Box 258  
San Sebastian, PR 00685



7021 0350 0002 1290 - 080

United State District Court  
Clerk Office  
150 Ave. Charles Chardon Ste 150  
San Juan, PR 00918-1767

RECEIVED & FILED  
2021 SEP 03 PM 3:13  
U.S. DISTRICT COURT CLERK'S OFFICE  
4, P.P.  
F. COURT

\$7.38  
AMOUNT  
SEP 14 21  
00603  
AGUADILLA, PR  
U.S. POSTAL SERVICE  
U.S. POSTAL SERVICE



1000

00918

R2304E105991-01

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ona Victoria Rodriguez Colon  
Urb La Hacienda Calle 47-  
Aw-23, Guayama, PR. 00784

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

7189

Nature of Claim:

Court of first instance, San Juan,

By:

Ona V. Rodriguez Colon  
P.R. K.P.E - 4359 (803)

Signature

Ona V. Rodriguez Colon

Print Name

RECEIVED & FILED  
10/20/2021 3:11 PM

Title (if Participant is not an individual)

9/20/2021

Date

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Ona V. Rodriguez Colon  
Un. ha Hawenda  
Calle 47 A W-23  
Mayagüez, P.R. 00784



RECEIVED & FILED  
2021 SEP 23 PM 3:11  
CLERK'S OFFICE  
DISTRICT COURT  
SAN JUAN, PR

United State District Court, Clerks  
Office, 150 Ave Carlo Chardos Ste. 150  
San Juan, P.R. 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Oneida Quiñones Albino  
P O Box 561153 Guayanilla P.R.  
00656-3153

Participant's Address:

Participant's Email Address:

N/A

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A Tel. No. 1-787-410-2356

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No. 17 BK 3283 - LTS

Nature of Claim:

By: Oneida Quiñones Albino

Signature

Oneida Quiñones Albino

Print Name

Title (if Participant is not an individual)

September 14 - 2021

Date

RECEIVED & FILED  
2021 SEP 23 PM 3:09  
CLERK'S OFFICE  
U.S.DISTRICT COURT  
SAN JUAN, PR

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Oncide Gurruces Alvaro  
PO Box 561153  
Guayanilla, PR. 00656-3153



To: United States District Court, Clerk's  
Office 150  
One Callejon St 150  
San Juan, PR 00918-1767

SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Sonia I. Rivera Rivera

Participant's Address:

H. P. O. Box 7408 Carr 312 K3.9 Pazz Callo Rojo P.R. 00623

Participant's Email Address:

luettessr307@gmail.com

Name of Counsel:

None

Address of Counsel:

None

Email Address of Counsel:

None

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

87640

Nature of Claim:

Employees Retirement system

By:

Sonia I. Rivera Rivera

Signature

Sonia I. Rivera Rivera

Print Name

Title (if Participant is not an individual)

September 7, 2021

Date

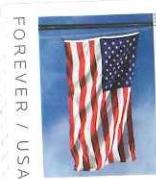
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RECEIVED & FILED  
U.S. DISTRICT COURT  
CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.  
SEP 23 PM 3:09

Sonia I. Rivera Rivera  
H.C. de Rio P.R. 4408  
Cabo Rojo P.R. 00423

United States District Court,  
Clerk's Office, 150  
Ave. Carlos Chardon  
Ste. 150  
San Juan, P.R. 00918 - 1467  
RECEIVED & FILED  
2021 SEP 23 PM 3:09

001832400-0015



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carmen Jimenez

Participant's Address: Calle 18-R-2 Villas de Loiza Caguas  
PR 00729

Participant's Email Address: \_\_\_\_\_

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17308 - Case 17-3283

Nature of Claim: \_\_\_\_\_

By: Carmen Jimenez

Signature

Print Name

Carmen Jimenez

Title (if Participant is not an individual)

8/16/2021

Date

RECEIVED & FILED  
MI SEP 23 PM 3:09  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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FROM Carmen Jimenez

Calle 18-R-2 Villas

de hoja Canovana PR

MEMPHIS TN 380

1 SEP 2021 PM 4 L



IMPORTANT  
PLEASE BE SURE  
THE REMITTANCE ADDRESS ON YOUR STATEMENT  
APPEARS IN THIS WINDOW

U.S. POSTAL SERVICE

1001 SEP 23 PM 3:10

RECEIVED & FILED

Discovery Notice  
To The Court's Clerks  
Office  
United States Court  
Office  
150 Ave. Carlos Chardo  
San Juan  
111 Street 50  
78-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

JOSEPH BENTINEGNA

Participant's Address:

JF BENTINEGNA @ GMAIL.COM

Participant's Email Address:

817 MOUNTAIN LAUREL, FAIRFIELD, CT 06824

Name of Counsel:

THE LAWYERS WHO SENT

Address of Counsel:

THIS TO ME

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

THEY DEFAULTED

Nature of Claim:

17 BK 3283 - LTS

By:

Signature

JOSEPH BENTINEGNA

Print Name

Title (if Participant is not an individual)

9/9/21

Date

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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JOSEPH F. BENTIVEGNA, M.D.

541 CROMWELL AVENUE  
ROCKY HILL, CONNECTICUT 06067

WESTCHESTER NY 105

10 SEP 2021 PM 1 L



United States District Court

Clerk's Office

150 Ave. Carlos Chardon St. 150

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
U.S. DISTRICT COURT CLERK'S OFFICE

00918-1767

SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Lillian Duran Pitre

Participant's Address:

urb. Estancias Del Golf Club 783 Tite Grot Alonso Ponce,  
P.R. 00730-0551

Participant's Email Address:

lillianduran38@yahoo.com

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

77139

Nature of Claim:

17BK03283-LTS Commonwealth of Puerto Rico

By:

Lillian Duran Pitre

Signature

Lillian Duran Pitre

Print Name

Title (if Participant is not an individual)

September 17, 2021

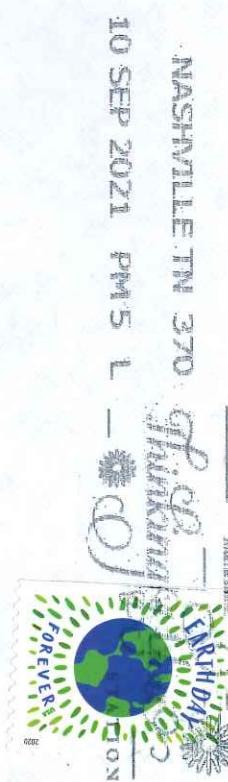
Date

RECEIVED & FILED  
2021 SEP 23 PM 3:10

CLERK'S OFFICE  
UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

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Lillian Duran Pifer  
Web. Est. Del Goff Club  
783 Title Court Alonso  
Ponce, P.R. 00730-0551



United States District Court  
Clerk's Office 150 Ave. Carlos Chardón  
Ste. 150 San Juan, P.R. 00918-1767

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
CLERK'S OFFICE  
DISTRICT COURT  
SAN JUAN, PR

66666666600

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luz C. Ortiz Ortiz

Participant's Address: Villa Humacao A5 calle 14  
Humacao, PR 00791

Participant's Email Address: lucy5440@gmail.com

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 - LTS

Nature of Claim: PROMESA Title III

By: Luz C. Ortiz Ortiz

Signature

Luz C. Ortiz Ortiz

Print Name

N/A

Title (if Participant is not an individual)

4 September 2021

Date

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

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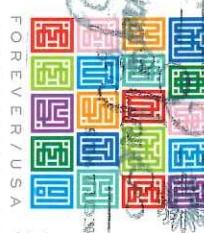
Luz C. Ortiz Ortiz  
Villa Hunacao  
Av Calle 14  
Hunacao, PR 00791

RECEIVED & FILED

13 SEP 2021 PM 1 L -

MEMPHIS TN 380  
U.S. POSTAL OFFICE  
United States District Court, Clerk's Office  
150 Ave. Carlos Chardon St. 15D

San Juan, PR 00918-1767



00918-17625

Participant must provide all of the information below **in English:**

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Migdalia Rodríguez Torres

Participant's Address:

Urb. La Arboleda calle 22 #241 Salinas P.R. 00751

Participant's Email Address:

rodrigueztorresmigdalia@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 32 P3 - LTS

Nature of Claim:

Retirement Debts

By:

Migdalia Rodríguez Torres

Signature

Migdalia Rodríguez Torres

Print Name

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

Title (if Participant is not an individual)

Sept 10 / 2021

Date

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Migdalia Rodriguez  
Calle da Arbolada  
Calle 22 #241  
Salinas P.R. 00751

MEMPHIS TN 380  
13 SEP 2021 PM 1 L



United States District Court,  
Clerk's Office  
150 Ave. Carlos Chardón  
Ste. 150, San Juan, P.R.  
RECEIVED & FILED  
2021 SEP 23 PM 3:10  
69618-1767

223021-61500

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Janet Colon Cuevas

Participant's Address: HC 03 Box 30507, Mayaguez PR 00680

Participant's Email Address: colonjanet24@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 19702

Nature of Claim: Employees Retirement System of the Government of the Commonwealth of Puerto Rico - Pension/Retiree Claims.

By: Janet Colon Cuevas

Signature

Janet Colon Cuevas

Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

September 13, 2021

Date

RECEIVED & FILED  
2021 SEP 23 PM 3:10  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

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**Prime Clerk** NEW YORK  
830 Third Ave, 9<sup>th</sup> Floor 100  
New York, NY 10022  
23 JUN 18  
FM 12 L

In re Commonwealth of Puerto Rico

Case No. 17-03283

United States Bankruptcy Court for the District of Puerto Rico (San Juan)

**PRIME CLERK RECEIVED YOUR  
PROOF OF CLAIM.**

Date Filed: 5/23/2018

✓ Proof of Claim No.: 19702

For additional information, please visit  
<http://cases.primeclerk.com/puertorico>, or  
call us at 844.822.9231.



U.S. POSTAGE > ATTNEY CUEVAS



ZIP 11282 \$ 000.35  
02 4W  
0000349804 JUN 22 2018

JANET COLON CUEVAS  
HC 3 BOX 30507 CASA #2  
MAYAGUEZ, PR 00680

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO

In re:

THE FINANCIAL OVERSIGHT AND  
MANAGEMENT BOARD FOR PUERTO RICO,

as representative of

THE COMMONWEALTH OF PUERTO RICO, *et al.*

Debtors.<sup>1</sup>

PROMESA

Title III

No. 17 BK 3283-LTS

(Jointly Administered)<sup>1</sup>

**ADMINISTRATIVE CLAIMS RECONCILIATION NOTICE**

Service Date: November 6, 2020

Designated Claimant(s): COLON CUEVAS, JANET

Address: HC 3 BOX 30507 CASA #2  
MAYAGUEZ PR 00680

Designated Claim Number(s): 19782

Amount(s) Stated in Proof(s) of Claim: \$53,321.80

Claim Type: Pension/Retiree Claims

This Notice only applies to the Designated Claim Number(s) listed above. You should read the Notice carefully and discuss it with your attorney. If you do not have an attorney, you may wish to consult one.

<sup>1</sup> The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (the "Commonwealth") (Bankruptcy Case No. 17 BK 3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17 BK 3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17 BK 3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17 BK 3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17 BK 4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA") (Bankruptcy Case No. 19-BK-5523-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

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U.S. DISTRICT COURT  
SAN JUAN, P.R.

Janet Colon Cuevas  
HC 3 Box 30507  
Mayaguez PR 00680

Court's Clerk's Office  
United States District Court, Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, PR 00918-1767

16 SEP 2



00918-176828

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Mildred Marin Ayala

### Participant's Address:

PO Box 70 Guaynabo PR 00970

Participant's Email Address:

mildred2670@hotmail.com

Name of Counsel:

**Address of Counsel:**

---

Email Address of Counsel:

---

---

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

26374

**Nature of Claim:**

## Employee Retirement

By:

---

**Signature**

Mildred Marin Ayala

Print Name

---

Title (if Participant is not an individual)

8/30/21

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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PO Box 70  
Guaynabo PR 00970-0070

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U.S. DISTRICT COURT  
SAN JUAN, PR

United States District Court  
Clerk office  
150 Ave. Carlos Chardon Ste 150  
San Juan PR  
00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Sandra C Rivera Berly

Participant's Address: PO Box 1848 Coamo, PR 00769

Participant's Email Address: sandrariveraberly@gmail.com

Name of Counsel: No Counsel

Address of Counsel: No Counsel

Email Address of Counsel: No Counsel

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 60077

Nature of Claim: Public employee claim

By: Sandra C. R. Berly

Signature

Sandra C Rivera Berly

Print Name

Title (if Participant is not an individual)

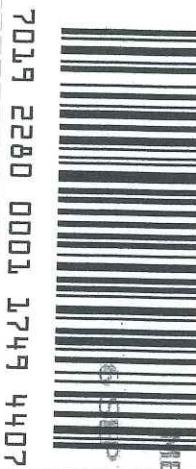
November 9, 2021

Date

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Sandra Rivera Barly  
PO Box 1848  
Coamo, PR 00769



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United States District Court  
Clerk's Office, 150 Ave  
Car 50  
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San Juan, PR. 00918-1767

00918-1767

SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yelitza A. Rodriguez Mateo

Participant's Address:

P.O. Box 561

Participant's Email Address:

yelitzarod54@yahoo.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17659-1

Nature of Claim:

17 BK 3283 - LTS

By:

Yelitza A. Rodriguez Mateo

Signature

Yelitza A. Rodriguez Mateo

Print Name

Title (if Participant is not an individual)

Septiembre-3-2021

Date

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UNITED STATES DISTRICT COURT  
SAN JUAN, P.R.

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United States District Court, Clerk's Office  
150 Ave. Carlos Chardon Ste. 150  
San Juan, P.R. 00918-1767  
7020 1810 0000 5514 9203

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Participant must provide all of the information below **in English:**

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Wilma Santiago Velázquez

Participant's Address: P. O. Box 967 das Pueblas, P.R. 00777

Participant's Email Address: wilma.santiago@gmail.com

Name of Counsel: N/A

Address of Counsel: N/A

Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: (8059) últimos 4 dígitos des. doc.

Nature of Claim: Empleada Activa Hab. de P.R.

By:

Wilma Santiago Velázquez

Signature  
Wilma Santiago  
Print Name

Title (if Participant is not an individual)

09-09-2021

Date

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Wences Lameijo Villegas  
P.O. Box 90  
Lao Pidras, PR 00771



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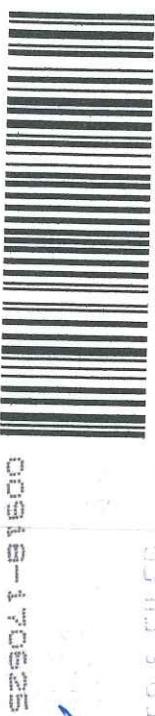
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Limited States district court  
U.S. DISTRICT COURT  
Clerk's office, 150 Ave.

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